

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY PERCOLATION TEST FORM

Owner Name: _____

Project Name: _____

Lot or Tract Number: _____ Test Number: _____

Diameter of Test Hole: _____ Depth of Test Hole: _____

Date & Time Soak Period Began: _____ Ended: _____

Date Test Began: _____

Test Results

Start Time of Day	End Time of Day	Time Interval (minutes)	Initial Distance Below Reference Point	Final Distance Below Reference Point	Drop in Water Level (inches)	Percolation Rate (minutes/inch)

I certify that this percolation test was done in accordance with DEQ-4, Appendix A.

Name (printed)_____
Signature_____
Date_____
Company